

Please type a plus (+) sign in this box →

+

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. M81.12-0065	
		First Inventor or Application Identifier Todd M. Bjork et al.	
		Title SURGICAL CLAMP	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">U.S. PTO 10/681480</div>
		Express Mail Label No. EV 178023055 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To: Mail Stop Patent Application Communications Section for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; flex-direction: column;"><div>1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) <small>(Submit an original and a duplicate for fee processing)</small></div><div>2. <input checked="" type="checkbox"/> Applicant Claims small entity status</div><div>3. <input checked="" type="checkbox"/> Specification [Total Sheets 28] <div style="margin-top: 5px;"><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the Invention)- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div></div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 11]</div><div>5. Oath or Declaration [Total Sheets 3]<div style="margin-top: 5px;"><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div><td colspan="2" style="vertical-align: top;"><div style="display: flex; flex-direction: column;"><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)</div><div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(If applicable, all necessary)</small><div style="margin-top: 5px;"><div>a. <input type="checkbox"/> Computer Readable Copy</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div>c. <input type="checkbox"/> Statement verifying identity of above copies</div></div></div></div></td></div>		<div style="display: flex; flex-direction: column;"><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)</div><div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(If applicable, all necessary)</small><div style="margin-top: 5px;"><div>a. <input type="checkbox"/> Computer Readable Copy</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div>c. <input type="checkbox"/> Statement verifying identity of above copies</div></div></div></div>	
ACCOMPANYING APPLICATION PARTS			
<div style="display: flex; flex-direction: column;"><div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div><div>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div><div>11. <input type="checkbox"/> English Translation Document (if applicable)</div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div><div>16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</div><div>17. <input type="checkbox"/> Other:</div></div>			
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP)</div><div>of prior application No: _____ /</div></div><div style="margin-top: 5px;"><small>Prior application information: Examiner _____ Group/Art Unit: _____</small></div><div style="border: 1px solid black; padding: 5px; font-size: small;">FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div></div>			
17. CORRESPONDENCE			
<div style="display: flex; align-items: center; justify-content: space-between;"><div><input type="checkbox"/> Customer Number or Bar Code Label</div><div style="border: 1px solid black; padding: 5px; text-align: center;">27367 <small>(Insert Customer No. or Attach bar code label here)</small></div><div>or <input checked="" type="checkbox"/> Correspondence address below</div></div>			
<div style="display: flex;"><div style="flex: 1;"><div>Name Z. Peter Sawicki</div><div>Address WESTMAN CHAMPLIN & KELLY</div><div>Suite 1600 – International Centre</div><div>900 South Second Avenue</div><div>City Minneapolis</div><div>Country USA</div></div><div style="flex: 1;"><div>State MN</div><div>Zip Code 55402-3319</div><div>Telephone (612) 334-3222</div><div>Fax (612) 334-3312</div></div></div>			

Name (Print/type)	Z. Peter Sawicki	Registration No. (Attorney/Agent)	30,214
Signature		Date	10/8/03

FEE TRANSMITTAL		Complete if Known																																																																																													
		Application No.																																																																																													
		Filing Date																																																																																													
		First Named Inventor	Todd M. Bjork et al.																																																																																												
		Title	SURGICAL CLAMP																																																																																												
		Group Art Unit																																																																																													
		Examiner Name																																																																																													
Total Amount of Payment \$ 570 and \$40		Atty. Docket Number	M81.12-0065																																																																																												
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)																																																																																													
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A. 2. <input checked="" type="checkbox"/> PTO 2038 forms enclosed		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053 130</td> <td>1053 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252 420</td> <td>2252 210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253 950</td> <td>2253 475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254 1,480</td> <td>2254 740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255 2,010</td> <td>2255 1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402 330</td> <td>2402 165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403 290</td> <td>2403 145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814 110</td> <td>2814 55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453 1,330</td> <td>2453 665</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501 1,330</td> <td>2501 665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502 480</td> <td>2502 240</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460 130</td> <td>1460 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807 50</td> <td>1807 50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806 180</td> <td>1806 180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021 40</td> <td>8021 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> </tr> </tbody> </table>		Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	Code (\$)	Code (\$)			1051 130	2051 65	Surcharge - Late filing fee or oath		1052 50	2052 25	Surcharge - Late provisional Filing Fee or cover sheet		1053 130	1053 130	Non-English specification		1812 2,520	1812 2,520	For Filing a Request for Reexamination. (ex parte)		1251 110	2251 55	Extension for reply within first month		1252 420	2252 210	Extension for reply within second month		1253 950	2253 475	Extension for reply within third month		1254 1,480	2254 740	Extension for reply within fourth month		1255 2,010	2255 1,005	Extension for reply within fifth month		1402 330	2402 165	Filing a brief in support of an appeal		1403 290	2403 145	Request for oral hearing		1814 110	2814 55	Terminal Disclaimer Fee		1452 110	2452 55	Petition to Revive - unavoidable		1453 1,330	2453 665	Petition to Revive - unintentional		1501 1,330	2501 665	Utility/Reissue issue fee (inc. advance copies)		1502 480	2502 240	Design issue fee (inc. advance copies)		1460 130	1460 130	Petitions to the Commissioner		1807 50	1807 50	Petitions related to provisional applications		1806 180	1806 180	Submission of Information Disclosure Statement		8021 40	8021 40	Recording each patent assignment per property (times number of properties)		Other Fee (specify) _____			
Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid																																																																																												
Code (\$)	Code (\$)																																																																																														
1051 130	2051 65	Surcharge - Late filing fee or oath																																																																																													
1052 50	2052 25	Surcharge - Late provisional Filing Fee or cover sheet																																																																																													
1053 130	1053 130	Non-English specification																																																																																													
1812 2,520	1812 2,520	For Filing a Request for Reexamination. (ex parte)																																																																																													
1251 110	2251 55	Extension for reply within first month																																																																																													
1252 420	2252 210	Extension for reply within second month																																																																																													
1253 950	2253 475	Extension for reply within third month																																																																																													
1254 1,480	2254 740	Extension for reply within fourth month																																																																																													
1255 2,010	2255 1,005	Extension for reply within fifth month																																																																																													
1402 330	2402 165	Filing a brief in support of an appeal																																																																																													
1403 290	2403 145	Request for oral hearing																																																																																													
1814 110	2814 55	Terminal Disclaimer Fee																																																																																													
1452 110	2452 55	Petition to Revive - unavoidable																																																																																													
1453 1,330	2453 665	Petition to Revive - unintentional																																																																																													
1501 1,330	2501 665	Utility/Reissue issue fee (inc. advance copies)																																																																																													
1502 480	2502 240	Design issue fee (inc. advance copies)																																																																																													
1460 130	1460 130	Petitions to the Commissioner																																																																																													
1807 50	1807 50	Petitions related to provisional applications																																																																																													
1806 180	1806 180	Submission of Information Disclosure Statement																																																																																													
8021 40	8021 40	Recording each patent assignment per property (times number of properties)																																																																																													
Other Fee (specify) _____																																																																																															
FEE CALCULATION																																																																																															
1. BASIC FILING FEE																																																																																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (1) \$ 385</td> </tr> </tbody> </table>		Large Entity		Small Entity			Fee	Fee	Fee	Fee		Code	(\$)	Code	(\$)	Fee Description	1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee	1002	340	2002	170	<input type="checkbox"/> Design Filing Fee	1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee	1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee	Subtotal (1) \$ 385																																																										
Large Entity		Small Entity																																																																																													
Fee	Fee	Fee	Fee																																																																																												
Code	(\$)	Code	(\$)	Fee Description																																																																																											
1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee																																																																																											
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee																																																																																											
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee																																																																																											
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee																																																																																											
Subtotal (1) \$ 385																																																																																															
2. EXTRA CLAIM FEES																																																																																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>31</td> <td>20</td> <td>11</td> <td>9</td> <td>99</td> </tr> <tr> <td>Indep.</td> <td>5</td> <td>3</td> <td>2</td> <td>43</td> <td>86</td> </tr> </tbody> </table>			Number Claims	Prior**	Extra	Fee from Below	Fee Paid	Total	31	20	11	9	99	Indep.	5	3	2	43	86																																																																												
	Number Claims	Prior**	Extra	Fee from Below	Fee Paid																																																																																										
Total	31	20	11	9	99																																																																																										
Indep.	5	3	2	43	86																																																																																										
Multiple Dependent Claims ** Insert 3 and 20, or number previously paid if greater; Reissue see below <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Large Entity		Small Entity			Fee	Fee	Fee	Fee	Description	Code	(\$)	Code	(\$)		1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple Dependent Claims	1204	86	2204	43	Reissue Independent Claims over Original Patent	1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																						
Large Entity		Small Entity																																																																																													
Fee	Fee	Fee	Fee	Description																																																																																											
Code	(\$)	Code	(\$)																																																																																												
1202	18	2202	9	Claims in excess of 20																																																																																											
1201	86	2201	43	Independent claims in excess of 3																																																																																											
1203	290	2203	145	Multiple Dependent Claims																																																																																											
1204	86	2204	43	Reissue Independent Claims over Original Patent																																																																																											
1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																											
Subtotal (2) \$ 185		Subtotal (3) \$																																																																																													

Signature *Z. Peter Sawicki*
(Z. Peter Sawicki)

Reg. No. 30,214

Date October 8th, 2003

Deposit Account No. 23-1123